STATE OF MONTANA DEPARTMENT OF LIVESTOCK ANIMAL HEALTH DIVISION www.liv.mt.gov



PO Box 202001 Helena, MT 59620-2001 Phone (406) 444-2043 Fax (406) 444-1929

Producer Brucellosis Testing Reimbursement Form

| Pro | oducer: | Date: | | | | | |
|--|--|----------------|---|-------------|----------------------------|----------------|--|
| Ма | ailing Address: | | | | | | |
| Cit | ty/State/Zip: | | | | | | |
| | Phone: | | Signature: | | | | |
| | | | | | | | |
| | Veterinarian | | Test/vacc. reason: Change of ownership Movement | Date tested | Accession #/ Lab Case # | Total # tested | |
| | Clinic Name | 2) 3) 4) | Entire herd test | | Lab Case # | | |
| 1 - | | | | | | | |
| 2 | | | | | | | |
| 3 - | | | | | | | |
| 4 | | | | | | | |
| 5 - | | | | | | | |
| | | | | | | | |
| то | TOTAL TESTED – ON RANCH (OR AT CLINIC) | | | | | | |
| TOTAL INVOICE AMOUNT @ \$2.00/hd | | | | | | | |
| Please also submit a completed W-9 form if you haven't done so previously. (W-9 form is available on DOL or IRS website or by calling the State Veterinarian's Office at 406-444-2043) | | | | | | | |